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ABSTRACT

This resource guide was written for teachers; school counselors and nurses; principals and school administrators; other professionals in health care, family planning, alcohol and other drug abuse (AODA) prevention and treatment; and community agencies who work with pregnant teenagers and their partners. It is designed to help these practitioners educate adolescents about the effects of alcohol and other drug use during pregnancy and parenting. Basic information is included about alcohol, other drugs and pregnancy and about special risks for AODA that affect pregnant teenagers. Strategies are suggested to help pregnant teenagers develop self-esteem, decision-making and other skills, and the support they need to avoid alcohol and other drugs. Tips are offered for intervention and counseling with pregnant adolescents. The emphasis is on psychoactive drugs, also known as mind-altering or mood-altering drugs, including alcohol, tobacco, illegal drugs like marijuana and cocaine, and some prescription and over-the-counter medication. Several activities are included throughout the book that can be used with teenagers who are pregnant. Copies of these exercises as worksheets are provided at the end of the guide. (NB)

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A resource guide on teenagers, pregnancy, alcohol, and other drugs

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I NEVER DREAMED THAT SOMEONE LIKE ME COULD GO OUT WITH A GUY LIKE FRANKIE AND BE A PART OF THAT CROWD!
THAT NIGHT, EVERYBODY HAD BEEN DRINKING ... I JUST WANTED TO BE LIKE EVERYONE ELSE!
NOW EVERYONE ELSE IS BACK IN SCHOOL, AND...
BATIUK

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Turning Points:

A resource guide on teenagers, pregnancy, alcohol, and other drugs

By Karen Bankston and Sherrill Strong

Edited by Kevin McIntyre

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The School Age Parents Project was created to educate professionals working with pregnant and parenting teens about the effects of substance abuse during pregnancy. It is a statewide project with one-day workshops provided around the state of Wisconsin and longer, more in-depth workshops provided in Madison. The project has now been expanded to include those who work with high risk youth in general. For more information, contact Pete Meagher, School Age Parents and High Risk Youth Projects, University of Wisconsin–Madison, 521 Lowell Hall, 610 Langdon St., Madison, WI 53703. (608) 262-8204 or 262-8987.

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FRANKIE WAS ON THE FOOTBALL TEAM AT BIG WALNUT TECH... AND I WAS AMAZED THAT HE WANTED TO GO OUT WITH ME!
I WAS REALLY FLATTERED BY THE ATTENTION!
BATTUK
HOW COULD I HAVE BEEN SO...
HUMAN?

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Introduction

Teenaged girls who use alcohol or other drugs are at high risk for becoming pregnant. Pregnant teens and teen parents are at risk for a host of physical, emotional and economic problems. Two out of three pregnant teens drop out of school, and families headed by young mothers are seven times as likely to be poor. Even though early pregnancy and parenting can stack the deck against a young woman, her new role as a parent can also be a turning point to brighter days for herself and her child. Her hope for a more positive future would dim quickly, however, if her pregnancy were ended by miscarriage or if her child were damaged by alcohol or other drugs used during pregnancy.

Turning Points is designed to help you educate teens about the effects of alcohol and other drug use during pregnancy and parenting. It will help you develop in teens the skills they need to avoid alcohol and other drugs. It is important to remember that young people frequently use alcohol and other drugs as an attempt to cope with extremely difficult situations. Their use is more a sign of inadequate coping skills than of a "bad" kid. Working with pregnant teens presents special opportunities to build on their desire to be good parents and to help them learn how to take care of themselves and their babies. Accomplishing those goals will help prevent:

- harmful effects to the fetus and newborn;
- alcohol/other drug problems in teen parents and their children; and
- child abuse and neglect in teen-parented families.

Whom is this publication for?

This book is for School Age Parents program staff and young people; teachers, school counselors and nurses; principals and school administrators; other professionals in health care, family planning, alcohol and other drug abuse (AODA) prevention and treatment; and community agencies who work with pregnant teens and their partners.

Though this booklet discusses parenting skills for pregnant teens, it also can be used with teenagers who have chosen adoption for their babies. The information and strategies included here also are appropriate for use in programs on alcohol and other drugs and/or sexuality.

What information and resources are included in this publication?

We have included basic information about alcohol, other drugs and pregnancy and special risks for AODA that affect pregnant teens. We address strategies to help pregnant teens develop self-esteem, decision-making and other skills, and support they need to avoid alcohol and other drugs. We also cover tips on intervention and counseling for working with pregnant teens.

Our emphasis is on psychoactive drugs, also known as mind-altering or mood-altering drugs. These drugs are taken for their ability to change a person's mood. They can be abused and can cause physical and/or psychological dependence, which makes the user feel the need to continue taking the drug. Psychoactive drugs include alcohol, tobacco, illegal drugs like marijuana and cocaine and some prescription and over-the-counter medications. *These are not the only substances that pose hazards to the pregnancy and fetus*, so pregnant women are urged to consult a physician before taking any drug or medication.

Turning Points has several activities throughout the book which you can use with teens who are pregnant. We've included copies of these exercises as worksheets at the end.

Alcohol, Other Drugs and the Pregnant Teen

Alcohol and other drug use is widely accepted in our society. Two-thirds of all American adults drink alcohol at least occasionally, and alcohol is the most commonly used drug of young people. Beer, wine and liquor are often promoted as essential ingredients of socializing in advertisements that appeal to both adults and young people. The number of people who smoke cigarettes is declining, but a recent survey indicates that about one in five high school senior girls smokes. Smoking advertisements often feature young, sophisticated—and thin—women. Despite efforts to combat illegal drugs, marijuana, cocaine and other illicit substances are widely available in both urban and rural communities. Most recently, the use of crack cocaine, especially by teenagers, has spread like an epidemic across American cities.

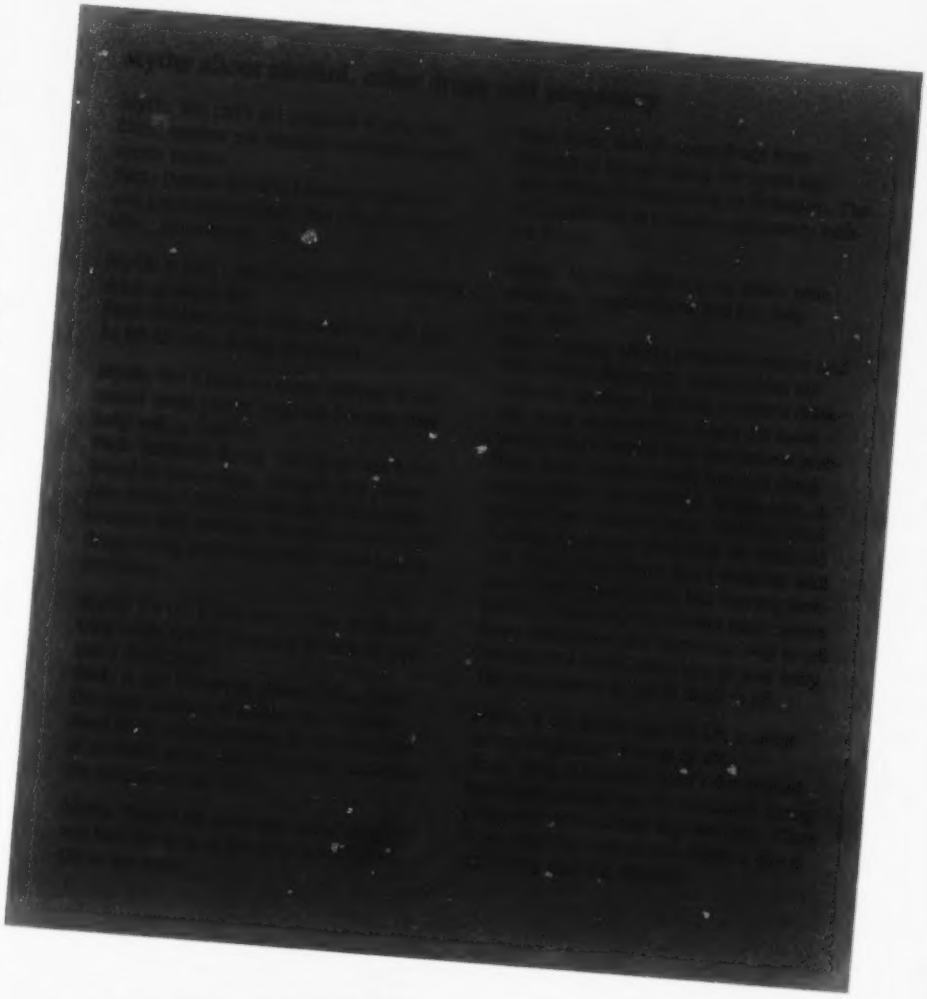
Educational efforts about the risks of alcohol and other drug use, especially during pregnancy, have received several recent boosts. Cigarette packages and now alcohol containers must include warnings about the hazards of smoking or drinking during pregnancy. Drug abuse prevention programs, including information about fetal alcohol syndrome and other drug effects on the fetus, are now required in many schools.

Despite these advances, there's no guarantee that information about alcohol, other drugs and pregnancy reaches all young people. And education alone does not prevent alcohol and other drug use by young people, especially when those efforts are offset by peer pressure and common myths that make alcohol and other drugs seem acceptable.

Are the risks of alcohol and other drug use different for teens than they are for adults?

Some are and some aren't. Adults and young people alike face the risk of traffic crashes and other injuries when drinking or using other drugs, of criminal charges for using illegal drugs (including alcohol, for young people), of problems with family, friends and coworkers if regular use or abuse develops, and of chemical dependency.

But young people suffer a quicker onset of problems associated with alcohol and other drug use. Drug use can interfere with learning the normal emotional, intellectual and survival skills that most people develop during their youth. Regular alcohol and/or other drug use can disrupt physical and mental development and impair abstract thinking and decision-making skills. It is



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during adolescence that many people experiment with alcohol or other drugs. Teenagers also experiment with more types of drugs than do adults; this poly-drug use exposes them to a wide range of side effects.

Of special importance to our efforts is the connection between AODA and teen pregnancy. Alcohol and other drug use by young people has been shown to be a predictor of early sexual activity. Young people who smoke cigarettes and drink alcohol are more likely than their non-using peers to be sexually active. Because drug use can break down inhibitions and self-control, it is likely that a teen and her partner may have been drinking or using a drug when she became pregnant. Drug use also increases the risk of pregnancy because intoxicated teens are less likely to use contraceptives or to use them properly. For some teens, continued use of alcohol or other drugs is part of their denial of pregnancy. And continued use by a pregnant teen always puts the developing fetus at risk.

How does pregnancy complicate factors that put teenagers at risk for alcohol and other drug use?

Exploration and experimentation

Some teens may drink or use a drug once or only occasionally just to see what it feels like. This experimentation poses hazards for teens, because their bodies are smaller and less able to handle drug effects and because they are more likely to become addicted earlier. And it is especially unsafe for pregnant teens. Teens who drink or use a drug may endanger their unborn child before they even know they are pregnant.

Alcohol and other drug problems in the family

Children of alcoholics or those from families affected by other drug problems are more likely to develop alcohol or other drug problems. They have no concept of "normal" family life or nonabusive alcohol and other drug use. They have few role models for socializing without alcohol or for coping with stress without using alcohol or another drug. Teens from these families are less likely to find support at home for abstaining from alcohol and other drugs during their pregnancy. They are more likely to have low self-esteem and to feel isolated, distressed and depressed and less likely to ask for and receive help. A teen's pregnancy could strain family relationships, increasing alcohol or other drug abuse in the home.

Peer pressure and the need for social acceptance

A pregnant teen whose partner and friends use alcohol and other drugs may find it hard to break established drinking or drug habits. Acceptance by peers is very important to teenagers. A teen who already feels singled out by pregnancy may not want to increase the difference between her and her friends by abstaining from alcohol or other drugs. In some cases, a teen may find herself in a new circle of friends, and she may want to use alcohol or another drug to ease that transition.

Problems in family and/or school

Alcohol and other drug use may be a form of rebellion from home and school authorities, an unhealthy way of asserting independence. Many young people who use alcohol or other drugs come from homes where there may be a variety of problems such as chronic illness, verbal abuse or incest. Pregnant teens are more likely to feel separated from their immediate and extended families, school and extracurricular groups, religious organizations and/or community. Teens who feel alienated lack a ready source of support to help them avoid alcohol and other drugs.

Lack of self-esteem

Low self-esteem is often cited as a cause of alcohol and other drug use by teenagers. A pregnant teen may feel she's made a mistake that will destroy her plans for the future. On the other hand, she may view pregnancy as a chance to redeem her self-esteem. In either case, she may be criticized by her family or ostracized by her partner or friends. She may find it even harder to cope with her pregnancy without alcohol or other drugs.

Inability to cope with stress

A teenager who found it hard to deal with stressful situations before she became pregnant may continue to use alcohol or another drug to cope. Her pregnancy probably will exacerbate stressful situations at home and school or with the baby's father and other friends.

Economic disadvantages and other difficult life circumstances

For some children from low-income homes or families troubled by cultural isolation, physical or mental illness, joblessness, or divorce, alcohol or other drug abuse is seen as a way to escape. If a teen feels that her pregnancy has intensified the problem or if she feels "trapped" in the existing situation by her pregnancy, she may find it hard to abstain from alcohol or another drug.

Depression and mood changes

Teens often continue to use alcohol or another drug because they like the way it makes them feel. Pregnancy produces rapid physical and emotional changes, and a pregnant teen may use alcohol or another drug in an attempt to control or alter those changes.

Media messages

Television, magazines, advertisements and other media often depict alcohol and other drugs as needed to cope with minor physical or emotional ailments, to be attractive and sophisticated, to relax, to socialize, and to have the most fun. There are few popular role models in the media of people who abstain from alcohol and other drugs, and there is little or no mention of the hazards of drug use during pregnancy. Teens often have little idea how much the media influences them or how to sort through misleading messages. Teens who view their pregnancy as "instant adulthood" may be looking for role models and find them in the media characters who use alcohol and other drugs for happiness and health.

Tobacco, other drug use and body image

Teenaged girls who want to be thin may smoke cigarettes or use amphetamines or other drugs in misguided attempts to control their weight. Pregnancy is likely to increase a teen's concern about her body image. This may be particularly true for a teen who has been a victim of sexual abuse. According to some studies, 50–60% of pregnant teens have experienced some form of sexual abuse.

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WERE YOU AND THAT GUY FRANKIE IN LOVE, LISA?
NO, NOT REALLY...
PIZZA
I GUESS I JUST WANTED TO FEEL THAT I WAS IMPORTANT TO SOMEONE... BUT WE WEREN'T IN LOVE... WE WEREN'T...
WE WEREN'T IN ANYTHING EXCEPT THE BACK OF HIS VAN!
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How can alcohol and other drugs complicate pregnancy?

Any drug a teen uses—alcohol, tobacco, illicit drugs, prescription medicine, or over-the-counter preparations—may affect her unborn child (see the next section on teratogens). Many factors determine how drug use affects the fetus: how much and how often a drug is used, when it is used during pregnancy, how the pregnant teen reacts to a drug, and what medical problems she may have.

Here are some general reasons to avoid alcohol and other drugs during pregnancy:

- We still don't know how all drugs affect a pregnant woman and the fetus. The hazardous effects of some drugs, thought to be harmless only a few years ago, are just beginning to be known.
- Use of some drugs increases the risk of miscarriage, stillbirth, premature birth and infant death.
- A teen's drug use may affect the fetus in the early stages of development—even before she knows she is pregnant. Drug use in the first months of pregnancy carry the highest risks of damaging organs and tissues. Drugs used later in pregnancy, after the fifth month, are more likely to slow growth or affect brain and nervous system development. Any exposure any time during pregnancy may harm the fetus. That doesn't mean a teen should continue using a drug because she thinks the damage already has been done. Any time she stops using drugs she reduces the risk of harm to her unborn child. *And the sooner the better.*
- Pregnancy changes the way a teen's body reacts to certain drugs. The same amount of a drug taken before pregnancy may have different and harmful effects during pregnancy.
- Regular, heavy use is more dangerous than occasional, light use of drugs.
- The use of two or more drugs in combination increases the risks of harm to the fetus. For instance, pregnant women who drink alcohol and smoke cigarettes nearly double some risks compared to women who only drink or smoke.
- Some drugs may affect the body's immune system, and make a pregnant teen more susceptible to disease during pregnancy.
- Regular drug use may interfere with healthy habits, such as eating right and getting enough rest, that are crucial to a healthy pregnancy.
- Teens who use drugs intravenously or who have sexual partners who use intravenous drugs are at increased risk of contracting the virus that causes Acquired Immune Deficiency Syndrome (AIDS) and passing the virus on to their unborn child. More than half the babies born to mothers infected with the AIDS virus also will be infected with the AIDS virus. Almost all of the infected babies eventually will develop the disease and die.
- Using drugs can make the mental adjustments of pregnancy and planning for the newborn even more difficult.

Teratogens

A teratogen is any agent which can harm the developing fetus. Teratogens can cause birth defects or lead to other problems with pregnancy such as miscarriage. Teratogens can penetrate the mother's body, and thereby the fetus, in a number of ways. The most common are swallowing (including eating, drinking, or taking pills), inhaling (by smoking, nasal inhalation of drugs or breathing toxic fumes), and skin penetration (either through passive absorption or injection).

A teratogen's effects are determined by several factors:

- the timing of exposure to the teratogen (how many weeks old the fetus was when exposed and what parts of the fetus were developing at that time);
- the method by which the teratogen was transmitted to the fetus;
- the amount of the teratogen that was taken; and
- how often the fetus was exposed to the teratogen (e.g. just once, several days or several weeks).

There are differences among individuals which are not completely understood currently. For example, the same kind of exposure to a teratogen can cause birth defects in one baby and not in another.

Any drug which a pregnant woman takes can be a teratogen. Here are five commonly used drugs that are of special concern.

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Accutane

Accutane® is the brand name of the chemical compound isotretinoin. It is used to treat a particularly severe form of acne called cystic acne. Accutane is known to cause a variety of birth defects in humans including structural malformations of the face and head, heart defects and severe mental retardation. It is estimated that between 25% and 40% of babies born to women who used Accutane during pregnancy will have birth defects. By comparison, Thalidomide, a sedative that was prescribed in the 1960's and led to birth defects in approximately 6,000 children worldwide, caused birth defects at a rate of about 25%. Thalidomide is no longer available.

The use of Accutane causes special concern for young people. Severe, persistent acne is a common problem in adolescence, so it is not unusual for a teen to be treated with Accutane. A young person will sometimes share her prescription with a friend, with good intentions and potentially disasterous results. The high rate of unplanned pregnancies among teens, the delay in recognizing pregnancy when it occurs, and the reluctance of teens to believe that they can indeed become pregnant if they are sexually active all contribute to the need for special efforts to be made to educate young people about the teratogenic effects of Accutane.

Although the Food and Drug Administration (FDA) has decided not to take isotretinoin off the market, it does recognize how dangerous it is for pregnant women. The FDA has developed stringent requirements for its labeling by manufacturers and its prescription by doctors. At this time, any female of child-bearing age who wants to be treated with Accutane must agree to have a serum pregnancy test (the most reliable kind of pregnancy test) and must agree to use effective contraception while she is taking Accutane and for one month before and after taking it. It is suggested that she use two forms of reliable contraception to reduce the chances of contraceptive failure. She also must sign a written consent form, indicating that she has been warned of the possibility of birth defects should she become pregnant while taking Accutane. The manufacturer must use two different kinds of pictures on the packaging to serve as a warning and must include the warnings in the written information provided with the drug.

Alcohol

The use of alcohol during pregnancy can lead to fetal alcohol syndrome, fetal alcohol effects, and other adverse pregnancy outcomes. Fetal alcohol syndrome refers to a pattern of physical and mental characteristics found in some children whose mothers drank large amounts of alcohol during pregnancy. Features include:

- facial malformations, such as small head size, small eyes, small lower jaw, flattened nasal bridge, and unusual upper lip;
- growth problems, including both prenatal and postnatal growth retardation; and
- central nervous system dysfunction, such as mental retardation, developmental delays, learning disabilities, hyperactivity, and poor gross motor coordination.

Babies have fetal alcohol effects if they show some, but not all, of the three groups of characteristics listed above or have been otherwise adversely affected by alcohol exposure.

Alcohol use during pregnancy is one of the three leading causes of mental retardation. It is the only one that is completely preventable. Fetal alcohol syndrome has only been diagnosed in babies whose mothers drank heavily (4 or more drinks/day) throughout the pregnancy. It is not known what level of drinking can cause the characteristics associated with fetal alcohol effects. And it is still not possible to state that there is any amount of alcohol that can be considered *safe* to consume during pregnancy. Studies have indicated that even moderate alcohol consumption can cause decreases in both average birth weight and average IQ scores in exposed babies.

Even though alcohol is widely used in our society, it is a drug and a teratogen. The only way to prevent all alcohol-related birth defects and other harmful effects is to choose not to drink alcohol during pregnancy (or when there is a reasonable chance of becoming pregnant, such as having sexual intercourse without effective contraception).

Tobacco

The use of tobacco during pregnancy also poses risks for the developing fetus. In addition to nicotine, tobacco smoke contains other toxins including carbon monoxide and hydrogen cyanide. The use of tobacco increases the risks of the following adverse pregnancy outcomes:

- placenta previa, where the placenta is located near or actually over the cervix and can be dangerous for mother and baby during delivery;
- placental abruption, the premature detaching of the placeta from the wall of the uterus (see the section on cocaine);
- miscarriage;
- prematurity; and
- low birth weight.

Intrauterine growth retardation, commonly called low birth weight, is a major factor associated with problems, including death, in the newborn. Smoking is thought to cause this condition through several different mechanisms. These include carbon monoxide poisoning and constriction of the blood vessels by nicotine (sometimes called vasoconstriction). It is important that people know this risk is reduced whenever tobacco use is stopped. If an expectant mother quits smoking within the first three months of her pregnancy, the fetus' risk for low birth weight and premature birth is reduced to normal.

Marijuana

Studies on marijuana (cannabis) have not been as conclusive as those done on other drugs. However, they have shown that infants exposed to marijuana in utero may have disrupted sleep patterns, poor response to visual stimuli, and nervous system excitation. This suggests that subtle neurologic problems may occur. Marijuana, when smoked, may also cause effects similar to those of smoking tobacco.

Long-term studies are being conducted to look at neurodevelopmental effects, such as learning disabilities, in babies exposed prenatally to marijuana and other forms of cannabis.

SOMETIMES I'M REALLY DOWN, AND OTHER TIMES I'M JUST MAD AT MYSELF FOR BEING SO STUPID!
IT ALWAYS SEEMED LIKE GETTING PREGNANT WAS SOMETHING THAT HAPPENED TO OTHER GIRLS! I NEVER GAVE IT A THOUGHT...
AND NOW IT'S THE ONLY THING I THINK ABOUT!
BASIK
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Cocaine

Cocaine is a dangerous substance. Its use during pregnancy presents special risks for the fetus. Cocaine is a stimulant that readily crosses the placenta from the mother to the fetus. It remains measureable in the fetal system for 5–6 days compared to 2 days in the maternal system. The presence of cocaine can cause problems for the growing fetus and later for the baby.

When a pregnant woman uses cocaine, her baby may be born at its due date but have retarded growth: it may be smaller than it should be and some of its bodily organs or systems may be underdeveloped. The baby could be born prematurely and again its bodily systems may not be fully functional. A condition called abruption of the placenta sometimes occurs with cocaine use. This condition occurs when the placenta, which keeps the baby nourished, prematurely detaches from the wall of the uterus. This critical situation can lead to extensive bleeding. It is sometimes fatal for both the mother and the baby.

Structural abnormalities of the heart, skull and genitourinary tract have also been reported following exposure to cocaine, but such associations are less clearly proven than the risks for growth retardation, prematurity and abruption of the placenta.

Once born, a baby who was prenatally exposed to cocaine may experience specific problems related to that exposure. These babies tend to be jittery and irritable and are startled easily. This makes them hard to comfort and quiet and can lead to serious difficulties in the bonding between parent and child. Bonding has been found to be a critical aspect of the baby's healthy emotional development.

When tested, many of the infants exposed to cocaine during pregnancy show signs of central nervous system dysfunction, including abnormal brain wave patterns, abnormalities in the motor system and visual disturbances. We do not yet know if these abnormalities are permanent, how long they will last or exactly what problems they will cause for the growing child. It is likely they will lead to delays in development, some of which may be overcome later, and some of which may not be. Long-term studies are being conducted to try to answer these and other questions.

Babies exposed to cocaine during pregnancy seem to be at much greater risk for Sudden Infant Death Syndrome (SIDS). The risk for SIDS is only about 0.3% in the general population. Among babies prenatally exposed to cocaine, that risk approaches 15%.

Cocaine can cause other adverse outcomes in pregnancy. It is a dangerous substance. Its use should be avoided.

Any drug can be a teratogen to the developing fetus. For more information on the effects of other drugs, consult the resources used for this section and those listed at the back of this publication.

Sources of information for this section include:

Alcohol, Other Drugs and Pregnancy: Risks for the Fetus, by James R. Ottney. Resource manual developed by the Wisconsin Fetal Alcohol Syndrome Work Group. Includes an excellent bibliography. Wisconsin Clearinghouse, 1986.

Drugs, Alcohol and Pregnancy, by Christina Dye. Do It Now Foundation, 1986.

Drugs and Pregnancy: It's Not Worth the Risk, the American Council for Drug Education, 1986.

Encyclopedia of Psychoactive Drugs (Series 2): Drugs and Pregnancy, by Patrick Young. Chelsea House Publishers, 1987.

Fetal Alcohol Syndrome Facts and Choices: A Guide for the Teacher, by James R. Ottney. Wisconsin Clearinghouse, 1987.

Great Expectations: Information about Drugs and the Unborn Child, by Karen Bankston. Wisconsin Clearinghouse, 1988.

Mood-altering Chemicals Series. Wisconsin Clearinghouse, 1985–87.

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Strategies to Help a Pregnant Teen Avoid Alcohol and Other Drugs

The amount of help a teen will need to avoid alcohol and other drugs depends, in large part, on how she feels about herself and her pregnancy, how she uses alcohol and other drugs, and how much support she has from family and friends.

Some teens look forward to parenthood as a turning point in their lives. Especially for girls from families affected by alcohol or other drug dependency, child abuse and neglect or other problems, the chance "to do things right this time" can be a strong motivator. If she uses alcohol or other drugs only occasionally, information about fetal alcohol and drug effects may present ample incentive to avoid alcohol or other drugs.

But if a teen is ambivalent about her pregnancy or if her use is more frequent, she will probably need more than information to help her maintain a drug-free pregnancy. She may need to learn decision-making and peer refusal skills. She may need help finding alternatives to using alcohol or other drugs. She may need support from you and her family, partner and friends.

Some teens may be dependent on alcohol or another drug. They probably won't be able to quit without professional help. You can help them find that support from student assistance programs and AODA treatment and counseling centers in your community.

Communicate, communicate, communicate

Your primary role in helping a pregnant teen avoid alcohol and other drugs is to provide accurate information and help her understand that information. Pregnant teens probably are getting a lot of advice from doctors, family and friends, some of it good ("Get plenty of rest"), some of it funny ("Don't worry about heartburn. It just means your baby has lots of hair."), and some that may be harmful ("It's OK if you

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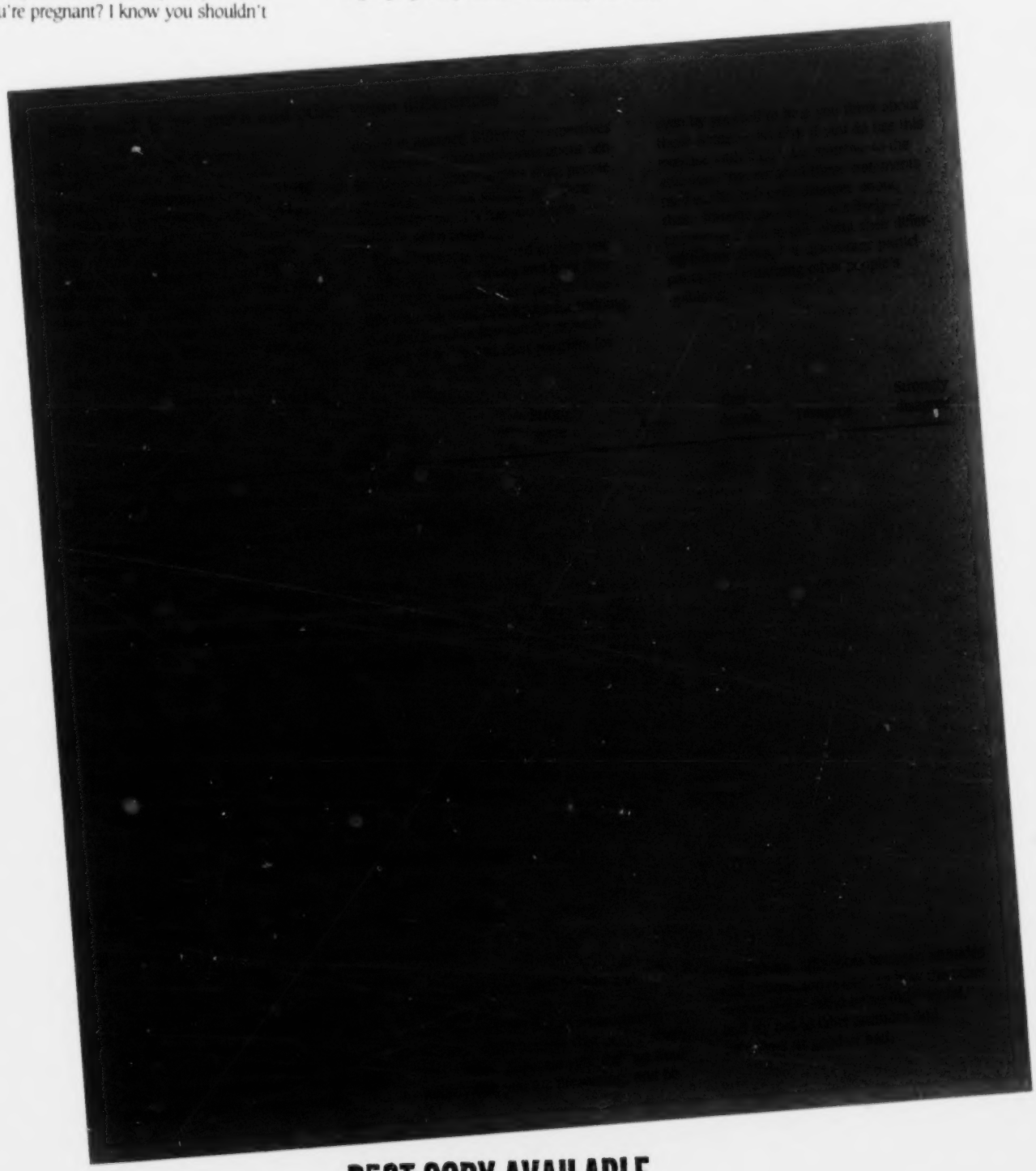
have a drink or two at night to relax."). You can help her sort out those messages.

Make it real. Be straightforward. Use concrete, immediate examples. For instance, a teen needs to know that "no safe level of alcohol during pregnancy" means more than avoiding whiskey: "What if you're at a party, and someone says to you, 'Oh, you're pregnant? I know you shouldn't drink, but how about a wine cooler?' " Discussing situations she's likely to encounter is more effective than quoting statistics.

Use positive messages. Pregnant teens trying to beat the odds need hope, not discouragement. They should hear that stopping alcohol or other drug use any time during a pregnancy benefits the baby, and the sooner the better. This type of positive reinforcement is beneficial whether the teen has decided to keep her baby or has chosen adoption.

Here are some examples of positive and negative ways to say things.[1]



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13

ARE THINGS ANY BETTER WITH YOUR DAD, LISA?
NOT REALLY... HE'S STILL TAKING MY PREGNANCY PRETTY HARD!
HAVE YOU EVER SEEN YOUR FATHER CRY, LES?
ARE YOU KIDDING?
HE STILL GETS A LITTLE CHOKED WHENEVER HE THINKS ABOUT THE TIME I BACKED OUR CAR OVER THE LAWNMOWER!
BATINK

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Positive: If you stop drinking, you have a better chance of giving birth to a healthy baby.

Negative: Your drinking has already damaged your baby.

Positive: If you can't quit smoking cold turkey, you can start by cutting back to less than five or ten cigarettes a day. That will help you and the baby.

Negative: Your smoking could cause a miscarriage.

Positive: You will feel better when you are sober and so will your baby.

Negative: If you keep drinking, it will ruin your health and your baby's.

Positive: Your concern for your baby will help you be a good mother.

Negative: If you really loved your baby, you wouldn't drink or use drugs.

Positive: Quitting drinking is a way to do something good for yourself and the baby.

Negative: If you can't quit for yourself, at least quit for the baby.

Resolution

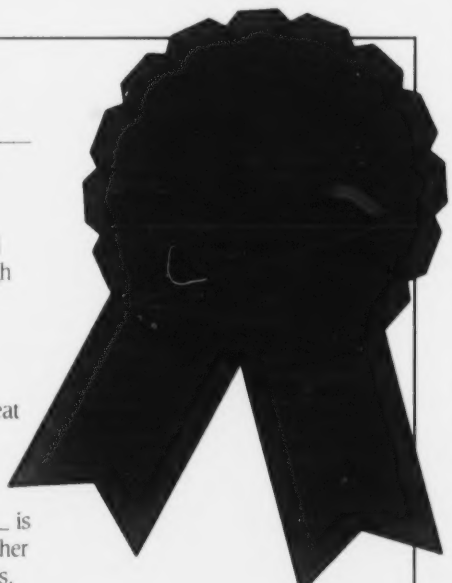
in support of _____
and her goal to have a healthy pregnancy

Whereas, pregnant teens who avoid alcohol and other drugs, eat right and get enough rest are helping themselves and their babies;

Whereas, it can be very hard for pregnant teens to avoid alcohol and other drugs, eat right and get enough rest;

Whereas, _____ is working hard to take care of herself and her baby by avoiding alcohol and other drugs, eating right and getting enough rest,

We hereby present _____ with this certificate of support and appreciation for her hard work and accomplishments.



Avoid scare tactics. There is ample evidence that trying to scare teens away from drugs—especially by exaggerating the hazards—doesn't work. Scare tactics can increase a pregnant teen's guilt, fear and stress levels without helping her avoid alcohol and other drugs.

Spread the word to a teen's family, partner and friends. She will get more support to avoid alcohol and other drugs if people around her have accurate information about fetal alcohol and drug effects. She also will be less likely to hear conflicting messages from people close to her. The teen's partner may be a key influence, so it is essential to inform him and try to gain his support for a drug-free pregnancy.

Deal with conflicting messages from health care providers, family members and friends. Don't assume that a pregnant teen's doctor has warned her to avoid alcohol and other drugs. Many people, including health care professionals, are not educated about the problems of alcohol and other drug use during pregnancy. It's not unusual for friends or family members to tell a teen that "one drink a day won't hurt" or that "my sister drank and her baby was fine."

Help a teen find help if she can't stop using alcohol or another drug. For more information about making referrals, see the chapter "Where a pregnant teen can find support to avoid alcohol and other drugs."

[1]Adapted from Weiner, Lynn, Morse, Barbara, and Russet, Henry, *Fetal Alcohol Education Program*, copyright 1984, Boston University School of Medicine.

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Skills for a healthy pregnancy and the rest of her life

Pregnant teens need to feel good about themselves if they are going to avoid alcohol and other drugs. Pregnancy can batter a teen's self-esteem if she feels she's made a mistake or if she feels reproached by family and friends. At the same time, parenting—for a teen who has decided to keep her baby—offers a chance to develop a sense of competency and to improve self-esteem.

A teen needs to know that parenting begins during pregnancy. A good parent must take care of herself before she can care for a child. You can help her find information about self-care and parenting. There are lots of good books around (we've included some titles in a list of resources at the back of this booklet). Or you might be able to track down some films or videos through the school system or community library. Local hospitals and health care clinics often offer courses in self-care and parenting that she might enjoy.

Nothing batters self-concept like unrealistic goals. A teen who has decided to keep her baby needs to know that the child will not solve her problems and probably will make some aspects of her life harder. But she also needs to hear that she can beat the odds. She needs help to see that pregnancy has complicated, but not cancelled, her options for the future.

She needs to hear praise from you, family and friends when she accomplishes what she sets out to do. Those accomplishments may seem small—avoiding alcohol at a party, getting through a week without a cigarette—but they are big steps to a brighter future. The praise doesn't have to be elaborate to go a long way. A few words of encouragement, a free lunch to celebrate or a mock certificate (like the one on page 14) can be enough to motivate a pregnant teen.

Helping a teen decide for herself

If she is to feel competent, a pregnant teen must be able to make decisions for herself. Decision making is a skill, a process that some teens may not have had much opportunity to learn. You can help a teen learn the basics of decision making or you can help her find a class, a counselor or an agency in the community that teaches decision-making skills.

Making decisions entails considering the options and the consequences of those options before choosing the best one. Some teenagers may need help figuring out what other options they have besides saying yes to offers of alcohol or another drug. This may seem odd to you, but some teens—especially those from families or groups of friends where drinking is common—may not realize that abstinence is an option. You can help them rehearse ways to say no to alcohol and other drugs and point out alternatives to drinking or other drug use for having fun or coping with boredom or stress.

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SOMETIMES I STILL CAN'T BELIEVE I'M REALLY PREGNANT...
AND TO THINK THIS HAPPENED ON MY FIRST AND ONLY TIME! CAN YOU BELIEVE IT? ONE LOUSY TIME!
AND I DO MEAN LOUSY!
NOW SHOWING

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Where a Pregnant Teen Can Find Support to Avoid Alcohol and Other Drugs

Adolescence or pregnancy can be stressful enough alone. To survive their combined pressures, a teenager needs to be equipped with a sense of self-esteem and competence, decision-making skills, assertiveness, and the support of family and friends.

We've discussed self-esteem and decision making in previous chapters. Assertiveness is another trait essential to avoiding alcohol and other drugs. Once a pregnant teen has decided to steer clear of alcohol and other drugs, she must be able to stand up for that decision against possible pressure from her partner and other friends, especially male friends. In some families and cultures, girls are taught to be submissive to males. Even in circles with less traditional views, most teens who drink or use another drug are introduced to drugs or have their drugs supplied by male friends.

If you're working with a pregnant teen who could benefit from assertiveness training, check into programs offered in your school or by mental health agencies in your community. There also are a variety of good books available on learning how to be assertive.

Making independent decisions doesn't mean a teen can't ask for help and support. In fact, part of being assertive is being able to ask for help. A teen's immediate and extended family, her partner, friends, teachers, counselors, nurse, minister or other associates can be natural sources of support—if they understand the risks alcohol and other drugs pose to pregnancy and if they know the pregnant teen wants their support.

You can help a teen find support by supplying her with information about alcohol and other drugs to give family and friends. The checklist included on page 18 outlines several ways people close to a pregnant teen can help her avoid drugs. You can rehearse with her ways she can ask her parents, partner and friends to help her avoid alcohol or other drugs.

In some families or friendships, alcohol or other drug use may be so prevalent that a teen cannot find the support she needs to avoid alcohol and other drugs. In those cases, she will need to find support from other people. She may need to join a new organization, find a new activity or develop a new group of friends who don't use drugs. She may need help coping with her partner's alcohol or drug use. In larger school districts and communities, she may be able to find a support group of other pregnant teens or teen mothers who share common problems and can help work out solutions together.

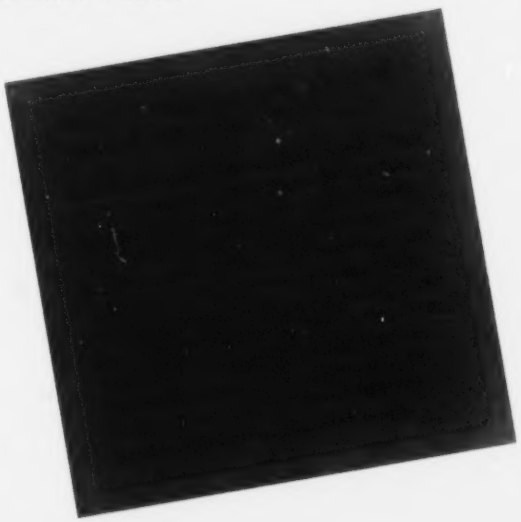
The importance of being there

Besides information about alcohol, other drugs and pregnancy, and alternatives to drug use, teens need to know that someone is available—not necessarily to solve their problems but just to listen to them. A good listener can give a pregnant teen the chance to talk out her problems, frustrations, fears, and hopes. It can boost the teen's self-esteem to know she has the attention of an "active listener."

Active listening ensures that you understand both the speaker's message and her point of view. You listen to what the speaker says and pay attention to voice inflection and body language. Then you use your own words to paraphrase her comments so she can verify or clarify her message. Only after she clarifies her messages should you inject any response.

Active listening can enhance communications and let a teen know her ideas are important enough to be recognized. It precludes wandering attention, premature evaluations and snap judgments. For instance, a teen might say to you, "I'm really beginning to hate school." Correcting or chiding her might put her on the defensive or end the conversation without giving you a chance to talk about what's troubling her. A reply like "You're feeling a lot of pressure these days" encourages her to continue: "Yeah, I've got so much homework. Sometimes I'm so tired I can't pay attention in class. And sometimes I feel like my friends don't want to talk to me."

You don't have to have all the answers when a teen comes to you with problems. Sometimes she just needs someone to listen to her. Other times she will need to work out a problem on her own (with your support and support from family and friends, if need be) to develop her own sense of competency. And some problems—like alcohol-



17

SO TELL ME, LISA ... HAVE YOU THOUGHT ABOUT ADOPTION AT ALL?
WELL, ACTUALLY, I'M GOING TO HAVE MY HANDS PRETTY FULL WITH JUST ONE BABY!
NO... WHAT I MEANT WAS...
I KNOW WHAT YOU MEANT, SILLY!

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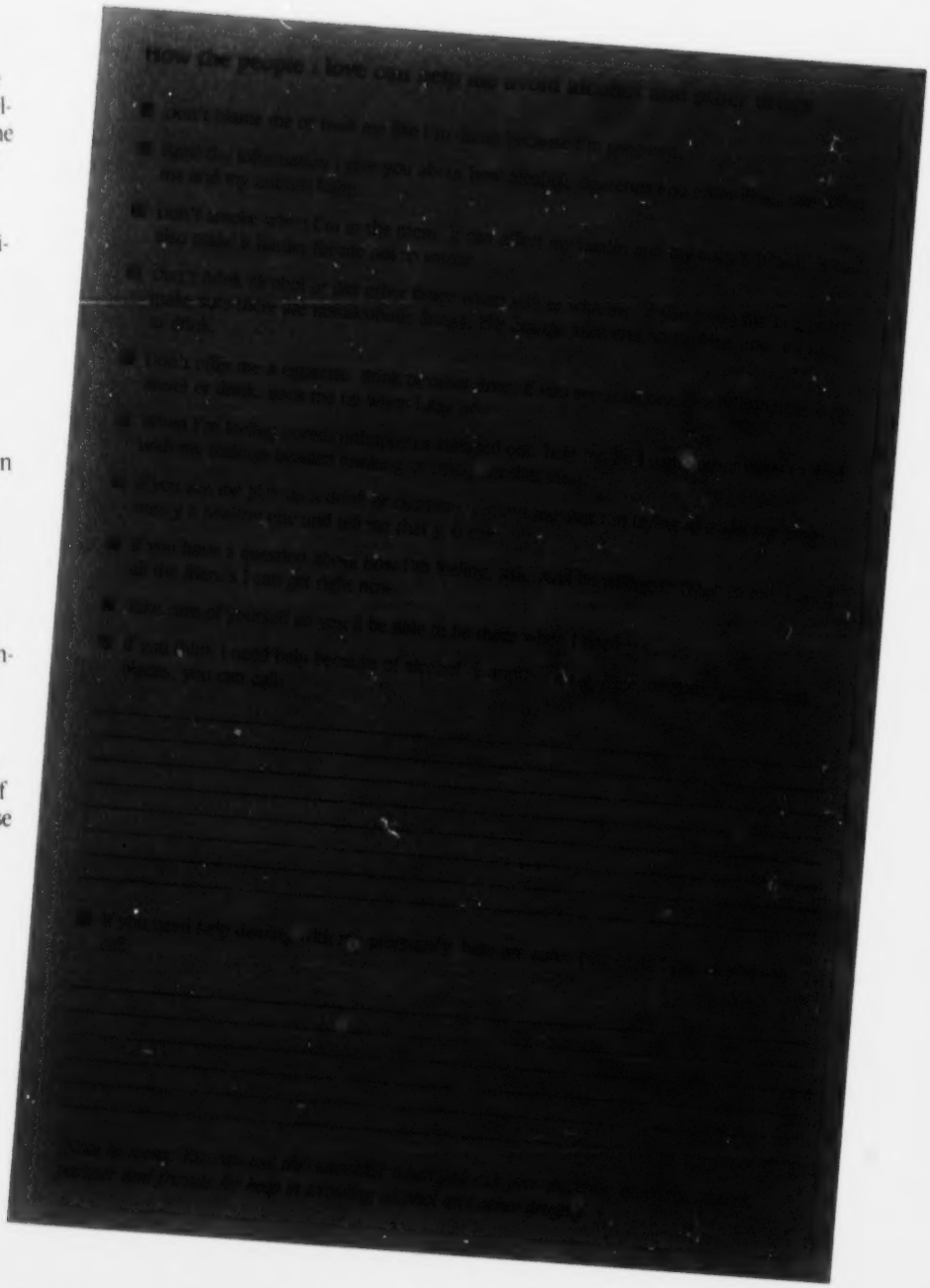
ism in her family or ostracism by friends because of her pregnancy—she may not be able to solve. But it will help relieve her feelings of guilt to know that she's not to blame or responsible for everything that happens around her.

Even though you can't and shouldn't solve all her problems, you should be sensitive to the emotional and practical needs a pregnant teen may have. Is she experiencing emotional problems that might be helped by counseling? Talk with school counselors, student assistance programs and community mental health agencies about what services they offer and when and how teenagers should be referred. Then if a teenager decides she needs help, you will have the information ready for her.

What about practical issues? Can she or her family afford adequate prenatal care or do they know about financial support or community health programs that are available for low-income families? Does the teenager need transportation to and from her doctor's office or childbirth classes? If her pregnancy continues into the summer months, is there a community program or support group available to take the place of a school program? What problems will arise with living and child care arrangements when the baby is born? These and other issues are problems that a teen might need some help handling.



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YEAH ... I'VE MADE UP MY MIND...
I'VE DECIDED THAT I'M GOING TO GIVE MY BABY FOR ADOPTION!
IT'S NOT AN EASY DECISION ... AND I SUPPOSE I'LL ALWAYS WONDER ...
BUT AT LEAST THIS WAY WE'LL BOTH HAVE A CHANCE TO GROW UP!
BATTUK

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If alcohol or other drug use continues

The signs of alcohol and other drug abuse often resemble those of other problems young people face; pregnant teens especially must deal with a variety of emotional and physical changes. If you suspect that a pregnant teen is using alcohol or another drug, describe the warning signs you see, express your concern and ask for more information. If she acknowledges alcohol or other drug use, ask specifics such as:

"How many cigarettes do you smoke each day?"

"How often do you drink and how much do you drink each time?"

"Do you want to quit drinking? What's stopping you?"

"How much and how often do(es) your partner/friends/family drink?"

"Do(es) your partner/friends/family use other drugs? How often?"

A teen may need your renewed support and a reemphasis of alternatives to drug use, especially if she has tried unsuccessfully to stop drinking or using other drugs. Try to involve her partner, family and friends in helping her avoid alcohol and another drug. Give her permission not to drink. Help her come up with excuses: "I promised my teacher/counselor/whomever that I wouldn't drink. S/he would really be mad if s/he found out." Some teenagers may find it helpful to fill out a contract like this sample certificate as a written reminder of their pledge not to drink or use other drugs.

If a pregnant teen continues to use alcohol or another drug despite your efforts and her own attempts to stop, she may need help from experts in the AODA treatment field. Contact counselors, staff of your school's student assistance program (SAP) and treatment specialists in the community. Talk with them about the warning signs you've seen. Find out where and how to refer the teen for assessment: a close look at her drug use and problems. If the teenager agrees to the referral or says she'll think about it, make sure that you follow up with the agency to see whether she followed through.

Contract for a Healthy Pregnancy

I, _____, hereby agree not to drink, smoke cigarettes or use other drugs while I am pregnant. If someone offers me a drink or a cigarette, I will say, "No thanks, my baby doesn't drink or smoke."

Signed by _____ Witnessed by _____

What about her partner?

Often a pregnant teen's partner is older than she is. He may have taken advantage of that fact, confusing her with misinformation about contraception and pressuring her into a premature sexual relationship with such lines as "you can't get pregnant the first time" or "if you really loved me you'd sleep with me." He may also have said he would marry her if she became pregnant, and he may instead be denying he's even the baby's father. He's likely to have taken the lead in using alcohol and other drugs and has probably encouraged her to do so. She is less likely to resist his sexual advances if she's had a few drinks. Once pregnant, she may find him to be unsupportive if she chooses to abstain from alcohol and other drugs for their baby's health.

Regardless of age, if a teen is still involved with her baby's father or has another male partner, they may need help sorting out their relationship and the responsibilities they will have once the baby is born. As mentioned, his alcohol and other drug use have a strong influence on her. If her partner has a problem with alcohol or another drug, a teen is more likely to continue to drink or use another drug and less likely to find support for quitting. It is essential to assess her partner's alcohol and other drug use habits and help him find help if he needs it.

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YOU KNOW, LES... IT'S JUST NICE HAVING SOMEONE TO TALK WITH!
HAVING A BABY IS SUPPOSED TO BE A HAPPY TIME AND I'VE NEVER BEEN MORE MISERABLE!
I USED TO HAVE BAD DREAMS AND WAKE UP TO FIND THAT EVERY-THING WAS OKAY!
NOW I DREAM THAT EVERYTHING'S OKAY, AND WHEN I WAKE UP...

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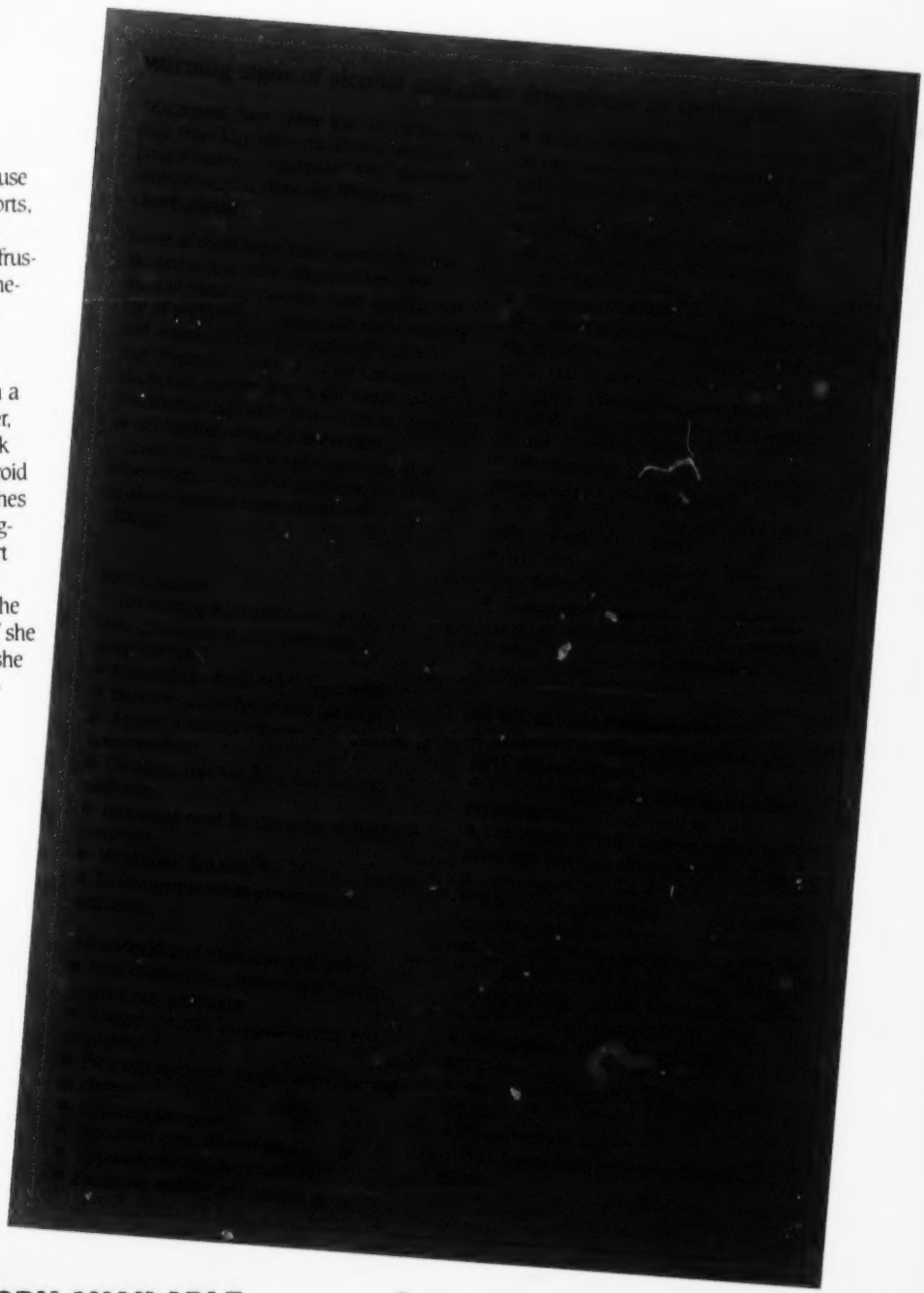
Know where your responsibility begins and ends

If a pregnant teen continues to drink or use another drug despite your continued efforts, don't blame yourself. You have done as much as any person can do. If you feel frustrated, sad or angry, talk it out with someone and use your own personal support system to take care of yourself.

If a pregnant teen has a problem with alçohol or another drug, you might form a partnership or team with another teacher, counselor or health care provider to work with her. A team approach helps you avoid burnout, doubles the variety of approaches you might develop to work with the pregnant teen, and reinforces needed support and energy.

Whatever you do, don't give up. Let the teenager know that you'll be available if she changes her mind and wants help or if she just needs someone to talk to. Stay connected. Her turning point may be just around the corner.



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After the Baby Is Born: Why a Teen Parent Should Avoid Alcohol and Other Drugs

Even after her baby is born, a teenager should avoid alcohol and other drugs. Here are a few good reasons why:

- Some teens may be tempted to use drugs to deal with "postpartum blues." Depression, fatigue and mild unhappiness—not uncommon complaints among new mothers—have physical and emotional causes that can be made worse by the use of alcohol and other drugs. The only exception is medication prescribed by a doctor to treat a specific ailment.
- A teenager who chooses to breastfeed her baby should be aware that alcohol and other drugs she takes can be passed along to the baby in breast milk. Some drugs can be hazardous to the infant. Smoking marijuana may decrease milk production. Even the most common drug, caffeine, can upset a baby's appetite.
- The children of parents who smoke are more susceptible to respiratory ailments than children in homes where there is no smoking. There is an increased incidence of sudden infant death syndrome among babies whose mothers smoke, although researchers are uncertain whether that connection has to do with fetal effects or smoking during infancy.
- Parenting is one of the toughest (but most rewarding) jobs in the world. It's hard enough to be a good parent when you're straight.
- Research shows some connection between AODA and child abuse and neglect. It has been suggested that at least one third of reported cases of child abuse occur in families where there is dysfunctional use of alcohol. People who have an alcohol or other drug problem have a hard time being good parents. It is more difficult to take care of themselves, much less provide adequately for the physical and emotional needs of their children. They have increased financial, job, family, and other problems that increase their stress and decrease the time and patience they have for their children.
- All parents must realize that their actions have a powerful influence on their children. When, why and how a child uses alcohol and other drugs in the future will depend on how his/her parents use alcohol and other drugs.
- No matter how much a young mother feels like an adult, it's still illegal for her to drink alcohol until she reaches the legal drinking age.

Even for pregnant teens who have chosen adoption for their babies, avoiding alcohol and other drugs after pregnancy is the right choice. Besides the legal issues, staying sober can help a teenager maintain control and avoid future unwanted pregnancies.

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Resources

Information on alcohol, other drugs and pregnancy

Agencies

American Lung Association of Wisconsin
1330 North 113th Street, Suite 190
Milwaukee, WI 53226
1-800-242-5160

Healthy Mothers, Healthy Babies Coalition
600 Maryland Ave., SW, Suite 300 East
Washington, D.C. 20024
(202) 638-5577

March of Dimes Birth Defects Foundation
Community Services Department
1275 Mamaroneck Avenue
White Plains, NY 10605
(914) 428-7100

National Clearinghouse for Alcohol and Drug Information
P.O. Box 2345
Rockville, MD 20852
(301) 468-2600

National Council on Alcoholism, Inc.
Washington Office
1511 K Street, NW, Suite 320
Washington, D.C. 20005
(202) 737-8122

The Wisconsin Alcohol, Other Drugs and Pregnancy Work Group
c/o Statewide Genetics Services Network
521 Lowell Hall
610 Langdon Street
Madison, WI 53703
(608) 262-8971

The Wisconsin Clearinghouse
University of Wisconsin-Madison
P.O. Box 1468
Madison, WI 53701
(608) 263-2797

Wisconsin Division of Health
Healthy Birth Project
1 West Wilson Street
P.O. Box 309
Madison, WI 53701
(608) 267-9300

Print materials

Alcohol, Other Drugs and Women Kit. Provides research summaries, program applications and consumer education materials. Available from the Wisconsin Clearinghouse.

Alcohol, Other Drugs and Pregnancy: Risks for the Fetus. This complete and up-to-date resource manual, produced by the Wisconsin Alcohol, Other Drugs and Pregnancy Work Group, offers a training program that reviews the statistics, history and most recent research on fetal alcohol syndrome and the effects of other drugs on the fetus. Available from the Wisconsin Clearinghouse.

Breathing for Two. Materials include a kit for health care providers, free kit for pregnant women, slide/tape program, posters and self-help smoking cessation program. Available from the American Lung Association of Wisconsin.

Choices for the Future. A brochure specially designed for teenage women who are making decisions regarding sexuality and alcohol and other drug use. Available from the Wisconsin Clearinghouse.

Fetal Alcohol Syndrome: Facts and Choices. This teacher's guide, developed in conjunction with the Wisconsin Alcohol, Other Drugs and Pregnancy Work Group, includes complete, up-to-date information on alcohol and other drug effects on the fetus and activities to use with students. Available from the Wisconsin Clearinghouse.

Fetal Alcohol Syndrome Fact Sheets. Package containing five different fact sheets on FAS, demographics, characteristics, prenatal care and prevention, and common questions and answers. Available from the Wisconsin Clearinghouse.

A Fetal Alcohol Syndrome Resource List and other free publications are available from the National Clearinghouse on Alcohol and Drug Information.

Free materials on FAS and alcohol and drug abuse prevention are available to Wisconsin residents through the Wisconsin Clearinghouse.

Free materials on FAS and other fetal drug effects, including some materials targeted for teenagers, are available through the March of Dimes.

Great Expectations: Information about Drugs and the Unborn Child. This pamphlet covers basic facts about alcohol, tobacco, marijuana, cocaine and other drugs. Available from the Wisconsin Clearinghouse.

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WELL... IT'S OVER!
YEAH... BUT THINGS ARE NEVER GOING TO BE THE SAME...
I DON'T REGRET MY DECISION.. BUT, STILL, I CAN'T HELP WONDERING WHAT THE PARENTS WHO ADOPT MY BABY WILL BE LIKE...
HERE, LET ME GET THE DOOR SO I CAN SAY I HELPED WITH THE DELIVERY!

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Start at Home: A Parent's Guide to Alcohol and Other Drug Abuse Prevention. A practical booklet loaded with exercises for parents and children to prevent alcohol and other drug abuse among family members. More than just theory, the booklet offers ideas and techniques for real-life situations. Available from the Wisconsin Clearinghouse.

10 Steps to Help Your Child Say No: A Parent's Guide. Practical tips to help parents guide their children away from using alcohol, tobacco, marijuana, and other drugs, while enhancing the parent-child relationship. Available from the Wisconsin Clearinghouse.

Videotapes and films

Cocaine Babies. Discusses the effects of cocaine and crack on the fetus and newborn baby and the task of caring for infants exposed to the drug. Ideal for treatment staff, nurses, counselors, and natural and foster parents. Available from the Wisconsin Clearinghouse.

Cocaine's Children. This up-to-date presentation provides information on the effects of cocaine during pregnancy and on the newborn. Available from the March of Dimes.

I Didn't Mean to Hurt You, Baby. This dramatic presentation of two high school students who have personal concerns about FAS focuses on prevention. Available on loan from the Virginia Department of Mental Health/Mental Retardation, Prevention/Information/Training, P.O. Box 1797, Richmond, VA 23214, (804) 786-1530.

One for My Baby. This instructional video discusses the many aspects of FAS and alcohol abuse during pregnancy and reviews the medical and social points of view and impact on families with children affected by FAS. Available for free loan to Wisconsin agencies. Contact the Wisconsin Alcohol, Other Drug and Pregnancy Work Group for information.

Women, Drugs and the Unborn Child. Two videos on the dangers of prenatal alcohol and other drug use: one for health care professionals and another designed for general audiences. Available from Pyramid Films; schools should call (800) 523-0118 for more information.

Strategies for working with pregnant teenagers

Agencies

Wisconsin Department of Public Instruction
Bureau for Pupil Services
P.O. Box 7841
Madison, WI 53707-7841
(608) 266-6980

Family Enhancement Program
2120 Fordem Avenue
Madison, WI 53704
(608) 241-5150

Print materials

Teenage Pregnancy. This overview of teenage pregnancy program includes prevention and intervention programs along with statistical and demographic information. Available from Phi Delta Kappa Center on Evaluation, Development and Research, P.O. Box 789, Bloomington, IN 47402-0789, (812) 339-1156.

Resources on effective parenting

Agencies

Children's Defense Fund
122 C Street, N.W.
Washington, D.C. 20001
(202) 628-8787

Family Service of Milwaukee
P.O. Box 08434
Milwaukee, WI 53208

Wisconsin Children's Trust Fund
110 E. Main St., Room 520
Madison, WI 53703
(608) 266-6871

Wisconsin Committee for Prevention and Treatment of Child Abuse and Neglect
1045 E. Dayton St.
Madison, WI 53703
(608) 256-3374

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WILL YOU BE GONE LONG, LISA?
FOR A WHILE! GOING OFF TO VISIT WITH MY GRANDPARENTS WILL GIVE ME A CHANCE TO THINK THINGS OVER!
I REALLY APPRECIATE EVERYTHING YOU'VE DONE, LES!
HEY... WHAT'RE FRIENDS FOR?
FOREVER!
BATTUK

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Print materials

After Sugar and Spice: A Manual for Parents about Daughters, Drugs and Prevention. This unique approach to drug abuse prevention aims at the special risks that girls face. Available from the Wisconsin Clearinghouse.

Family Times. This workbook, created by University of Wisconsin-Extension's 4-H Youth Development and Family Living Education programs, is full of activities for all sizes and shapes of families. Available from the Wisconsin Clearinghouse.

P.E.T.: Parent Effectiveness Training, by Dr. Thomas Gordon. This book is a classic in teaching parents how to communicate and head off conflicts with children. Available through many bookstores and libraries.

Who's Raising the Family? This workbook for parents and children focuses on preventing problems in the family by enhancing relationships, with special emphasis on alcohol and other drug abuse prevention. Available from the Wisconsin Clearinghouse.

Information on teen pregnancy prevention

Agencies

Center for Population Options
1012 14th Street, N.W.
Washington, D.C. 20005
(202) 347-5700

Girls Clubs of America, Inc.
205 Lexington Avenue
New York, NY 10016
(212) 689-3700

National Urban League, Inc.
500 East 62nd Street
New York, NY 10021
(212) 310-9238

Planned Parenthood Federation of America
ATTN: Director of Education
810 Seventh Avenue
New York, NY 10019
(212) 541-7800

Planned Parenthood of Wisconsin
744 North Fourth Street
Milwaukee, WI 53203
(414) 271-8045

Wisconsin Adolescent Pregnancy Prevention and Pregnancy Services Board
Suite 908
30 West Mifflin St.
Madison, WI 53702

Print materials

Teen Pregnancy Prevention. This position paper from the *Prevention Works in Public Policy* series reviews the scope and cause of the problem and effective prevention strategies. Available through the Wisconsin Clearinghouse.

Pamphlets, books and videotapes are available through the Maurice Ritz Resource Center, Planned Parenthood of Wisconsin, 1046 North 12th Street, Milwaukee, WI 53233, (414) 271-8116.

Publications and a newsletter on teen pregnancy prevention are available from the Adolescent Pregnancy Prevention Clearinghouse. Contact the Children's Defense Fund.

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Worksheets

Myths about alcohol, other drugs and pregnancy

Myth: You can't get pregnant if your boyfriend smokes pot because marijuana lowers sperm counts.

Fact: Despite the link between marijuana and lower sperm count, the drug is *not* an effective contraceptive.

Myth: It won't hurt your baby if you have a drink or two a day.

Fact: Research has established no safe limits for drinking during pregnancy.

Myth: You'll have an easier delivery if you smoke while you're pregnant because your baby will be smaller.

Fact: Smoking during pregnancy has been linked to miscarriage, stillbirth and premature delivery. Babies who are born smaller because their mothers smoked or used other drugs during pregnancy suffer more health problems.

Myth: It's OK if you have a beer or glass of wine while you're pregnant as long as you don't drink liquor.

Fact: A can of beer or glass of wine have the same amount of alcohol as a regular-sized drink which includes liquor. Any type of alcoholic drink poses the same hazards to the pregnancy and fetus.

Myth: There's no proof that some drugs will hurt the fetus or the pregnancy, so it's OK to use them.

Fact: Even though some drugs were thought to be safe just a few years ago, their effects are beginning to be known. The safest solution is a healthy pregnancy without drugs.

Myth: My aunt/friend/sister drank wine while she was pregnant and her baby was fine.

Fact: Alcohol affects pregnant women *and* their babies differently. Some babies are seriously damaged by their mother's drinking. Some mothers who drank the same amount have babies with less serious problems. Some babies whose mothers drank seem to have no problems. In one case, a woman had fraternal twins: one had Fetal Alcohol Syndrome (FAS) and the other did not. Some drug effects don't show up until much later, when a child has learning problems in school. No one knows what causes these differences, and there's no way to tell how alcohol would affect you or your baby. The best answer is not to drink at all.

Myth: If my doctor says it's OK to drink during pregnancy, it must be OK.

Fact: Medical research hasn't determined how much alcohol can be consumed during pregnancy without harming the fetus. *There is no proof that one or two drinks a day is safe.* Why take the chance?

Practice situations

1. You've decided you don't want to drink because it can hurt your baby. You accept an invitation to a party, although you know other people will be drinking. A friend offers you a drink, but you say, "No, thanks, my baby doesn't drink." Your friend says, "You really believe that stuff. My cousin drank while she was pregnant and everything was fine." How do you feel about what your friend said? What could you say to your friend?

2. You and your boyfriend are used to drinking together. Now that you're pregnant, you don't want to drink anymore but you're afraid to tell him. Why are you afraid? What else can you do if you don't tell him? If you decide to tell him, what would you say?

3. Your friend is pregnant and you see her drinking at a party. How do you feel about that? Do you want to do something about it? If so, what?

4. You and your friend recently started smoking marijuana. Now you're pregnant and want to quit, because you don't want to hurt your baby. Your friend says, "You're no fun anymore. I guess I'll have to find someone else to party with." How do you feel about what she said? What would you say and do?

5. Both of your parents drink, so there has always been alcohol around the house. It's easy for you to sneak a drink to calm down or feel good. Now that you're pregnant, you feel worried and angry and upset a lot. You've decided you don't want to drink, but it seems easy to think up excuses why it's okay "just this once." How do you feel? What can you do to help yourself?

6. Your best friend is sexually active and doesn't use birth control. She says that she can't get pregnant because her periods aren't regular, but yours weren't regular either. Your friend drinks a lot with her boyfriend on the weekend and even sometimes during the week. You realize that she could get pregnant, and that her drinking might hurt her baby even before she knows she's pregnant. Would you say or do anything? If so, what?

7. Your baby is a few months old. She's still very little and seems, well, different from other babies you've known. She was born prematurely and with low birth weight, but you thought it was just because you're a teen mother. Now you're starting to worry that the weekend drinking you did before you knew you were pregnant may have hurt your baby. Whom do you talk to about your fears? How can you help yourself? What can you do about the situation?

How much is too much and other value differences

	Strongly agree	Agree	Can't decide	Disagree	Strongly disagree
Alcoholics could stop drinking if they tried.					
A teen and her baby would both be better off if she allowed the baby to be adopted.					
People under the legal drinking age should not drink at all.					
Any pregnant woman who drinks doesn't love her baby.					
Any woman who is sexually active shouldn't drink, smoke or use other drugs at all . . .					
. . . And neither should her partner.					
A parent who has a child with FAS is to blame for the condition.					
Anyone who uses alcohol or other drugs while pregnant should have her baby taken away.					
Pregnant women who drink or use drugs should be prosecuted for child abuse.					
It's a pregnant woman's right to use alcohol or other drugs.					

Deciding for yourself

Situation	Options	Possible Consequences	My Choice	Facing The Consequences
After lunch with some friends, someone offers me a cigarette.	**1)** I smoke one. **2)** I take a couple puffs and put it out. **3)** I say, "No thanks."	**1)** Friends think I'm cool. It makes my breath smell bad. My baby smokes, too. **2)** I'm still doing what my friends are. My breath still smells bad. My baby smokes, too. **3)** My friends might think I'm weird. My baby doesn't smoke.	**3)** I say, "No thanks."	I explain to my friends that smoking might hurt my baby.
We're at a party where my boyfriend has been drinking, and he wants to drive us home.	**1)** I say OK. **2)** I find a ride home with another friend. **3)** I take the keys and drive him home.	**1)** My boyfriend doesn't get mad. He could get arrested for drunken driving and lose his license. We could have a crash and hurt ourselves or someone else. **2)** My boyfriend might get mad at me. He could get arrested or hurt in a crash. **3)** My boyfriend might get mad at me. I would have to call my parents to pick me up at his house. He wouldn't get arrested and we wouldn't get hurt.	**3)** I take the keys and drive him home.	I call my boyfriend in the morning to tell him I took the keys because I care about him, me and the baby. I tell my parents that calling them for a ride was my safest option.
I'm at a party and someone offers me a drink.	**1)** I say OK. **2)** I take one and take a couple sips. **3)** I say, "No, thanks. My baby doesn't drink."	You think of possible consequences: **1)** **2)** **3)**	Your choice:	How would you deal with the consequences?
You think up a situation. List several options and possible consequences and make the choice:				

Alternatives to using alcohol and other drugs

Favorite refusal lines

"No thanks, my baby doesn't drink (or smoke or use drugs)."

"I'd better not. My doctor has the baby and me on a special diet."

"No, thanks. I'd better not if I'm going to make that marathon in the morning."

"No, thanks. My mornings are rough enough without having to worry about having a hangover."

"No, that's OK. This orange juice is fine for the baby and me."

"No, thanks, I have my own special drink here: (make up your own name for a healthy nonalcoholic drink)."

Think of some original ideas of your own.

What's there to do besides party with alcohol?

Host a potluck dinner or cookout—each guest has to bring his/her own recipe.

Make up your own trivia game with questions about your school and community.

Plan a biking or hiking trip.

Create a special edition of "Name that Tune."

Hold an outdoor party with a volleyball tournament or water balloon tosses.

Think of some original ideas of your own.

What's there to do besides drinking when you're stressed out, sad or bored?

Take a long, quiet bath.

Go to the library and check out a new book or video.

Put together an album of photos of you and your family and friends.

Learn how to knit a baby blanket or make some baby clothes.

Learn how to build a toy box for your baby.

Take a bike ride or a long walk.

Call a friend and have a long talk.

Rearrange your room.

Think of some original ideas of your own.

How the people I love can help me avoid alcohol and other drugs

- Don't blame me or treat me like I'm dumb because I'm pregnant.
- Read the information I give you about how alcohol, cigarettes and other drugs can affect me and my unborn baby.
- Don't smoke when I'm in the room. It can affect my health and my baby's health. It can also make it harder for me not to smoke.
- Don't drink alcohol or use other drugs when you're with me. If you invite me to a party, make sure there are nonalcoholic drinks, like orange juice and no-caffeine pop, for me to drink.
- Don't offer me a cigarette, drink or other drug. If you see someone else offering me a cigarette or drink, back me up when I say no.
- When I'm feeling bored, unhappy or stressed out, help me find some other ways to deal with my feelings besides drinking or using another drug.
- If you see me pick up a drink or cigarette, remind me that I'm trying to make my pregnancy a healthy one and tell me that you care.
- If you have a question about how I'm feeling, ask. And be willing to listen to me. I need all the friends I can get right now.
- Take care of yourself so you'll be able to be there when I need you.

- If you think I need help because of alcohol or another drug, here are some people and places, you can call:

_____

_____

_____

_____

_____

_____

_____

_____

- If you need help dealing with my pregnancy, here are some people and places you can call:

_____

_____

_____

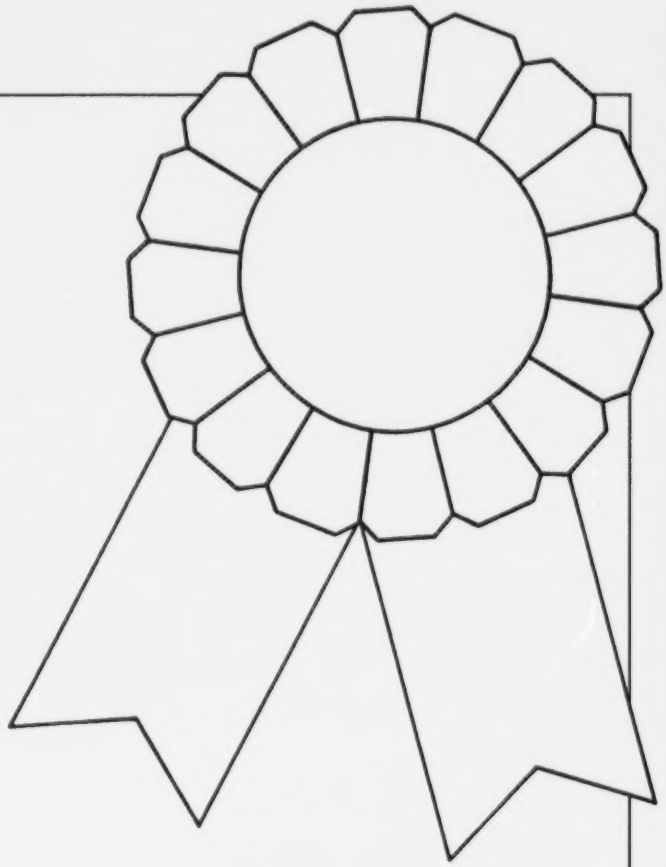
_____

_____

_____

(Note to teens: You can use this checklist when you ask your parents, brothers, sisters, partner and friends for help in avoiding alcohol and other drugs.)

Resolution



in support of _____
and her goal to have a healthy pregnancy

Whereas, pregnant teens who avoid alcohol and other drugs, eat right and get enough rest are helping themselves and their babies;

Whereas, it can be very hard for pregnant teens to avoid alcohol and other drugs, eat right and get enough rest;

Whereas, _____ is working hard to take care of herself and her baby by avoiding alcohol and other drugs, eating right and getting enough rest,

We hereby present _____ with this certificate of support and appreciation for her hard work and accomplishments.

WISCONSIN CLEARINGHOUSE
P.O. Box 1468 Madison, WI 53701 (608) 263–2797

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